

MISCELLANEOUS PERMIT FOR CONSTRUCTION IN CITY OF BEAUFORT, SOUTH CAROLINA

DIVISION OF INSPECTIONS
302 Carteret St., Beaufort, SC 29902
PH: (843) 525-7040 - FAX: (843) 986-5606

PERMIT NUMBER: _____

PERMIT FEE: \$ _____

DISTRICT	TAX MAP SHEET	SUB-MAP	PARCEL	BLOCK	DATE ISSUED
----------	---------------	---------	--------	-------	-------------

LOCATION OF BUILDING LOT _____ BLOCK _____ SUBDIVISION _____
STREET _____

FLOOD ZONE _____ ELEVATION REQUIRED _____ MSL _____

NAME	MAILING ADDRESS, NO. ST.	CITY & STATE	ZIP CODE	TELEPHONE NO.
OWNER				
GEN. CONT.				

- | | | |
|---|--|--|
| <input type="checkbox"/> Mobile Home \$ _____
<input type="checkbox"/> Swimming Pool \$ _____
<input type="checkbox"/> Demolition \$ _____
<input type="checkbox"/> Sign \$ _____
<input type="checkbox"/> Moving Structures \$ _____
<input type="checkbox"/> Tree Removal \$ _____ | | <input type="checkbox"/> Plumbing \$ _____
<input type="checkbox"/> HVAC \$ _____
<input type="checkbox"/> Gas \$ _____
<input type="checkbox"/> Electric \$ _____
<input type="checkbox"/> Sewer (Receipt No. _____) \$ _____
<input type="checkbox"/> Safety \$ _____
<input type="checkbox"/> Misc. _____ \$ _____ |
|---|--|--|

TOTAL: \$ _____

ANY HORIZONTAL OR VERTICAL CONSTRUCTION REQUIRES THE FOLLOWING INFORMATION:

TOTAL LOT SQUARE FOOTAGE: _____ SQ. FT.

EXISTING IMPERVIOUS SURFACE: _____ SQ. FT. (INCLUDING HOUSE, DRIVEWAYS, SIDEWALKS, ETC.)

NEW IMPERVIOUS SURFACE: _____ SQ. FT.

PERVIOUS SURFACE: _____ SQ. FT.

SCOPE OF WORK:

PURSUANT TO SECTION 6-29-1145 OF THE SOUTH CAROLINA CODE OF LAWS, IS THIS TRACT OR PARCEL RESTRICTED ANY RECORDED COVENANT THAT IS CONTRARY TO, CONFLICTS WITH, OR PROHIBITS THE ACTIVITY DESCRIBED IN THIS APPLICATION? _____ YES _____ NO

SUBCONTRACTOR LIST AFFIDAVIT

CITY OF BEAUFORT BUSINESS LICENSE

P. O. DRAWER 1167

BEAUFORT, SC 29901

Ph: (843) 525-7025/Fax: (843) 525-7013

OWNER: _____ PERMIT #: _____

PRIME CONTRACTOR: _____ PHONE: _____

SITE ADDRESS: _____

OWNER HIRING NO SUBCONTRACTORS:

AS THE OWNER OF THE ABOVE SITE ADDRESS, I WILL BE DOING ALL THE WORK FOR THE PROJECT LISTED ON THE ABOVE PERMIT #. I UNDERSTAND THAT IF I HIRE SOMEONE ELSE TO DO ANY OF THE WORK, I WILL NEED TO COMPLETE THE LOWER PORTION AND RETURN TO THE BUSINESS LICENSE DEPARTMENT PRIOR TO RECEIVING MY FINAL INSPECTION APPROVAL FROM THE CITY CODES ENFORCEMENT OFFICE.

SIGNATURE: _____ PHONE: _____ DATE: _____

OWNER OR PRIME CONTRACTOR WITH HIRED SUBCONTRACTORS:

I UNDERSTAND, AS A PRIME CONTRACTOR OR OWNER, THAT I AM TO ENSURE THAT ALL SUBCONTRACTORS HAVE A CURRENT CITY OF BEAUFORT BUSINESS LICENSE AND ARE REGISTERED WITH THE STATE (WHERE APPLICABLE) AND THAT ALL LICENSE FEES ARE PAID. I UNDERSTAND NO FINAL INSPECTION WILL BE APPROVED UNTIL THE LICENSE STATUS OF THE SUBCONTRACTORS LISTED BELOW ARE VERIFIED AND APPROVED BY THE CITY OF BEAUFORT BUSINESS LICENSE DEPARTMENT.

SIGNATURE: _____ PHONE: _____ DATE: _____

LIST BELOW ALL THE SUBCONTRACTOR(S) WHO WORKED ON THE ABOVE MENTIONED JOB BY THE HOUR, THE JOB, OR BY CONTRACT:

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____ Lic #: _____
Type of Sub's work done: _____ Lic Fee: _____
Date work started: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____ Lic #: _____
Type of Sub's work done: _____ Lic Fee: _____
Date work started: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____ Lic #: _____
Type of Sub's work done: _____ Lic Fee: _____
Date work started: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____ Lic #: _____
Type of Sub's work done: _____ Lic Fee: _____
Date work started: _____ Job cost: _____ Lic Pd: _____

BELOW IS A SAMPLE LIST OF THE TYPE OF WORK THAT IS ASSOCIATED WITH CONSTRUCTION RELATED JOBS. LIST SUBCONTRACTORS WHO DID THESE AND ANY UNLISTED JOB TYPES ON THIS PROJECT:

INSTALLATION CATEGORIES: AUTOMATIC IRRIGATION/FIRE SPRINKLER, AWNING/SIGN, BURGULAR/FIRE ALARM SYSTEM, CABINET, CARPET/VINYL/FLOORING, CARPENTRY, CEILING, CERAMIC TILE, CHIMNEY, COUNTER TOPS, DOORS, ELEVATOR, FENCE, FIREPLACE, GARAGE DOORS, GAS, GLASS, GREASE TRAP, HOOD SYSTEM, IRON/STEEL, KITCHEN/BATH/BOOKCASE, RADIO/TV/SATELITE DISH, SCREEN, SEWER, SEPTIC TANK, SIDING, TELEPHONE/PA SYSTEMS, TRUSSES AND OTHERS.

OTHER CATEGORIES: BLOCK/BRICK MASONRY, CLEANING SERVICES, CONCRETE FINISHER, INTERIOR DECORATOR, DRYWALL, ELECTRICAL, EXTERMINATOR/PEST CONTROL, FRAMING, HVAC, HOUSE MOVER/DEMOLITION, INSULATION, LOT CLEARING, LAND DEVELOPMENT/IMPROVEMENTS, LANDFILLING, LANDSCAPING, MILLWORK, PAINTING, PAVING, PLUMBING, PORTABLE TOILETS, ROOFING, SECURITY SERVICES, STUCCO, SWIMMING POOL, TIN/METAL, TREE SURGEON/REMOVAL, TRIM CARPENTER, TRIM INTERIOR/EXTERIOR, WALLPAPER HANGER, WASTE BIN RENTAL, WELL DRILLING, WINDOWS & OTHERS.

WASTE DISPOSAL VERIFICATION

Please complete the following information. This form must be completed and left with the Building Permit Office.

Name of Contractor: _____

Address: _____

Phone (work): _____ (home): _____

Contact Person: _____

Property Owner: _____
(of the property where the waste is being generated)

Address of Property Owner: _____

Phone: _____

Property Location: _____

Planned disposal method (recycling, disposal at C & D landfill, disposal at MSW, etc.):

Waste Hauling Company: _____

Planned location of disposal: _____

Date: _____

Signature: _____

James S. Minor, Jr., Superintendent
Beaufort County Public Works
120 Shanklin Road
Beaufort, SC 29902
Phone: (843) 470-6406
Fax: (843) 470-6422
E-mail: jminor@bcgov.net